



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
GOOD CAUSE WAIVER – UNAVAILABLE COURT DOCUMENTS

Type or Print Clearly

SECTION A – APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
PREVIOUS NAMES USED (LAST, FIRST, MIDDLE)					
MAILING ADDRESS (ST OR PO BOX)		CITY	STATE	ZIP CODE	
SOCIAL SECURITY NUMBER - -		DATE OF BIRTH / /		DAYTIME TELEPHONE NUMBER () -	

SECTION B – COURT INFORMATION

COURT NAME				
COURT ADDRESS (ST. OR PO BOX)		CITY	STATE	ZIP CODE
COURT CONTACT PERSON		TITLE	TELEPHONE NUMBER () -	

SECTION C – COURT RECORD REQUEST RESULTS

Based on a request for certified court documents from the individual identified in Section A above, this court (identified in Section B above) has performed a complete search of the court documents maintained in accordance with Supreme Court Operating Rule 8 and is unable to provide certified court records related to the following misdemeanor or felony cases for the indicated reason(s):

COURT CASE NUMBER	COURT ACTION DATE / /	COURT CHARGE	
COURT ACTION	SENTENCE	OFFENSE TYPE	COURT ACTION

REASON CERTIFIED COURT DOCUMENTS UNAVAILABLE:

COURT CASE NUMBER	COURT ACTION DATE / /	COURT CHARGE	
COURT ACTION	SENTENCE	OFFENSE TYPE	COURT ACTION

REASON CERTIFIED COURT DOCUMENTS UNAVAILABLE:

SECTION D – COURT SIGNATURE

SIGNATURE OF COURT OFFICIAL	
TITLE OF COURT OFFICIAL	DATE

MO 580-2684 (11-03)

Return completed form to the name and address identified in Section A.

Good Cause Waiver Program
Missouri Department of Health and Senior Services
PO Box 570
Jefferson City, MO 65109
573/526-1974